UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL DAL SAMPLES RESULTS SHEET

SÆ	AMPLE #	:		
DI	EFENDAI	NT(S):		
A	GENCY:			
DETERMINATION: DATE ANALYSIS ENDED:				
				CC
Signature of Analyst		of Analyst Total num	Total number of pages:	
the	e individual	t is incomplete, return to originator for completion. Administrative review is not to be items are incomplete. If the analyzing chemist has filled out the drug receipt, another ortion: Document "check" by initialing and dating	person must verify.	
	Item	Description	Checked	
	1.	Does Drug Receipt reflect actual evidence (or is discrepancy noted)?		
	2.	Is it free from obliterations and are all strikethroughs or additions initialed?		
	3.	Is it signed and dated appropriately?		
	4.	Has the Certificate been filled out appropriately? (i.e. spelling, dates names, weight, result, class)	5,	
Ev	vidence (Officer Portion: Document "check" by initialing and dating		
	Item	Description	Checked	
	1.	Is report cover sheet attached to pertinent data?		
	2.	Are all appropriate areas filled in?		
	3.	Is report signed?		
Te	echnical	Review: Reviewer Date		

09/25/07; 11/08/07; 10/27/10; 01/27/11; 07/21/11